Depression among OBS/GYN residents at Kasralainy. medical school (cross sectional study)

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Introduction (1)

Residency is a high point in the life of training physician and also respresents an important milestone in our development as fully independant doctors however for many young doctors , residency is a time punctuated by depression and burnout.

Objectives

-Assess depression among OBGYN residents in Kasr Al-Ainy hospital,& determine suggestive underlying causes.
-Rephrase recommendations given by residents themselves to improve residency.

methodology

- cross sectional study on 100% (40 residents).
- Did on october, november, december 2016

Discussion

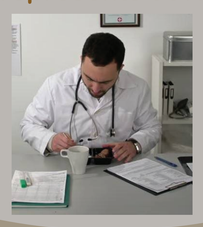
Main Problem

WORKING HOUR
16H per DAY
84 H pe week

Patient overflow
-150 patients per day in clinic
-100 patients per day in emergency.

Paper work
80% have negative impact

Unaccessible food
represents 95%

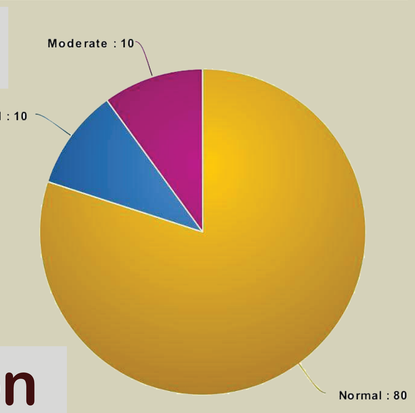


Infection
average 64%

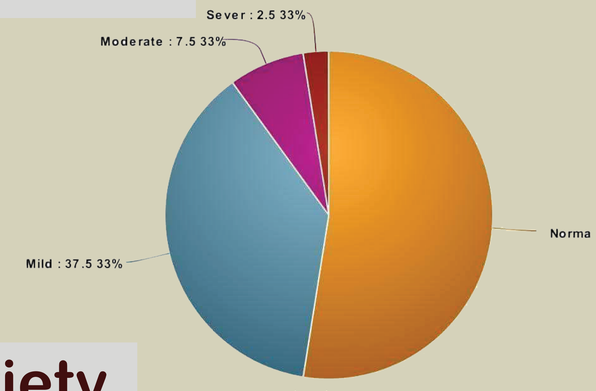
Athough some causes of depression among residents are expected, others are surprising. Long work hours and sleep deprivation seem like likely candidates, but evidence tells a different story as well.
This suggests that workload alone can't be responsible: The tendency for work responsibilities to creep into home life creates a setting in which depression can develop.
In addition, hostile work environments are, unfortunately, still a fact of life for many residents.

Results

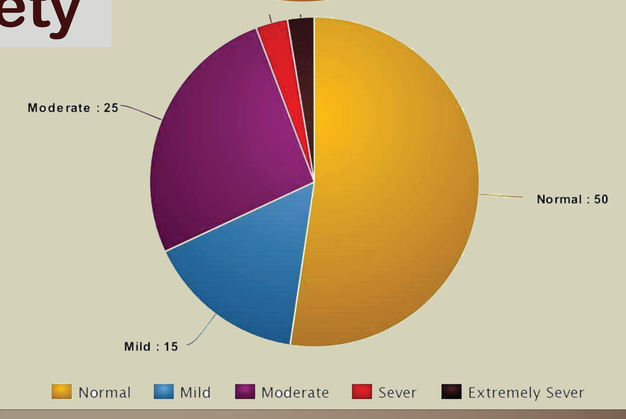
Stress



Depression



Anxiety



Recommendations

-Increase number of residents
-Reducing working hours within human's capability or at least proper management of them "fixed working hours,fixed times for break".
-proper place to sleep and a bathroom in every department Supply them with.
-Apply safety measures.
-Apply fixed and good plan of training.
-Professors should be more involved in teaching residents.
-Value and improve relationship between staff and young residents.
-computerize system and decrease paperwork.
-Standardize management protocols thatstaff members follow.
-Criteria for patients admission and referral should be clear and controlled to control flow of patients.

References

1-Schneider SE, Phillips WM. Depression and anxiety in medical, surgical, and pediatric interns. Psychol Rep. 1993;72(3 pt 2):1145–1146. [PubMed]
2-Hollon SD, Ponniah K. A review of empirically supported psychological therapies for mood disorders in adults. Depress Anxiety. 2010 Oct. 27(10):891-932.
3-Phys Ther, Volume 84, 2004, pp. 1157–1166 View Record in ScopusCiting articles (69)
Lovibond and Lovibond, 1995 P.F. Lovibond, S.H. Lovibond ... Mnual for the Depression Anxiety Stress Scales
2nd ed., 1995, Psychology Foundation, Sydney

EGYPT VS USA (2)

A systematic review & meta-analysis was con d u c t e d to assess Preva lence of Depression and Depressive Symptoms Among Resident Physicians in USA.
-Data were extracted from 31 cross-sectional studies and 23 longitudinal studies.
-The overall pooled prevalence of depression or depressive symptoms was 28.8%.